

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD

2009 OCT 27 PM 3:14

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Griess for Council

**IMPORTANT:** Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Halley Griess

Political Party (if applicable)

Office Sought

Des Moines City Council-Ward 1

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

  
SIGNATURE OF PERSON FILING REPORT

(515)343-6270  
TELEPHONE

10/27/2009  
DATE SIGNED

I AM FILING A 5 Days Prior to General Election

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED 10/26/2009

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11/03/2009

County & Local Committees, enter County in  
which Election is held  
Polk

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

5,230.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

5,230.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,345.02

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

2,884.98

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

2,100.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

282.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BO.

2009 OCT 26 PM 3:15

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Griess for Council

**IMPORTANT:** Indicate by # type of committee you are reporting for: 6  
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: Halley Griess Political Party (if applicable)

Office Sought: Des Moines City Council-Ward 1 District (if Senate or House)

<b>FORM DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

  
SIGNATURE OF PERSON FILING REPORT

(515) 343-6270  
TELEPHONE

10/26/2009  
DATE SIGNED

I AM FILING A 5 Days Prior to Election REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

- ☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_
- ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
11/03/2009  
County & Local Committees, enter County in  
which Election is held  
Polk

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) \$ 5,230.00

Schedule F: Loans Received total (Attach Schedule F) \_\_\_\_\_

Schedule H: Total Sales of Campaign Property (Attach Schedule H) \_\_\_\_\_

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** ..... \$ 5,230.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ..... 2,345.02

Schedule F: Loan Repayments total (Attach Schedule F) ..... \_\_\_\_\_

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) ..... \$ \_\_\_\_\_

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ 2,100.00

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ 282.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$ \_\_\_\_\_

**CONSULTANT BREAKDOWN** (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Griess for Council

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
06/15/2009	ID# CK#	Thomas, Jassey 1919 E. 12th St., Des Moines, IA 50316		\$50.00	<input type="checkbox"/>
06/15/2009	ID# CK#	Utzke, Vera 4544 Bancroft Ave., #1, Lincoln, NE 68506	Grandmother	\$100.00	<input type="checkbox"/>
06/15/2009	ID# CK#	Lynch, Jennifer 1000 W. Adams ST., Apt. 512, Chicago, IL 60607	Sister-in-Law	\$50.00	<input type="checkbox"/>
06/15/2009	ID# CK#	Johnson, Betty 101 Odin Dr., Winter Haven, FL 33884		\$25.00	<input type="checkbox"/>
06/15/2009	ID# CK#	Loftin, Bill 5905 Oakmont Lane, Lakeland, FL 33812		\$100.00	<input type="checkbox"/>
06/15/2009	ID# CK#	Lynch, Stephanie 2616 N. Magnolia Ave., Chicago, IL 60614	Mother-in-Law	\$100.00	<input type="checkbox"/>
06/24/2009	ID# CK#	Richey, Jess 2822 Bennett Ave., Des Moines, IA 50310		\$100.00	<input type="checkbox"/>
07/06/2009	ID# CK#	Crookham-Johnson, Diane 1814 South 7th ST., Oskaloosa, IA 52577		\$250.00	<input type="checkbox"/>
07/06/2009	ID# CK#	Amann, Susan 9895 Lincoln Ave., Clive, IA 50325		\$25.00	<input type="checkbox"/>
07/15/2009	ID# CK#	Utzke, Vera 4544 Bancroft Ave., #1, Lincoln, NE 68506	Grandmother	\$50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 850.00

TOTAL (if last page of this schedule)

\$

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Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Griess for Council

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/15/2009	ID# CK#	Meyer, Brita 1400 73rd St., Des Moines, IA 50311		\$25.00	<input type="checkbox"/>
07/20/2009	ID# CK#	Rude, Nancy 5500 NW 55th Ave., Johnston, IA 50131		\$200.00	<input type="checkbox"/>
07/28/2009	ID# CK#	Nitzschke, Chris 1267 NW 90th St., Clive, IA 50325		\$50.00	<input type="checkbox"/>
07/28/2009	ID# CK#	Lynch, Richard 6140 N. Lenox, Chicago, IL 60646		\$250.00	<input type="checkbox"/>
07/28/2009	ID# CK#	Utzke, Vera 4544 BAncroft Ave., #1, Lincoln, NE 68506	Grandmother	\$45.00	<input type="checkbox"/>
07/28/2009	ID# CK#	Griess, Timothy 25555 S. 54th St., Firth, NE 68358	Father	\$200.00	<input type="checkbox"/>
07/28/2009	ID# CK#	Amann, Susan 9895 Lincoln Ave., Clive, IA 50325		\$25.00	<input type="checkbox"/>
08/07/2009	ID# CK#	Foster, Violet 2609 Boston Ave., Des Moines, IA 50310		\$20.00	<input type="checkbox"/>
08/07/2009	ID# CK#	Cook, Michael 4000 University Ave., #1, Des Moines, IA 50311		\$20.00	<input type="checkbox"/>
08/07/2009	ID# CK#	McRoberts, Lynn 1201 Office Park Rd., #1907 West Des Moines, IA 50265		\$25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 860.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Griess for Council

**SCHEDULE**

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

☐ CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/07/2009	ID# CK#	Christenson, Andrew 5300 NW 55th Ave, Johnston, IA 50131		\$500.00	<input type="checkbox"/>
08/07/2009	ID# CK#	Bennett, James 5809 Clark St., Des Moines, IA 50311		\$50.00	<input type="checkbox"/>
08/07/2009	ID# CK#	Bloom, John 4820 Elm St., Des Moines, IA 50265		\$50.00	<input type="checkbox"/>
08/07/2009	ID# CK#	Rogers, Patty 3416 Lindlavista Way, Des Moines, IA 50310		\$150.00	<input type="checkbox"/>
08/17/2009	ID# CK#	Barzen, Caroline 3300 Crestmoor Pl., Des Moines, IA 50310		\$100.00	<input type="checkbox"/>
08/26/2009	ID# CK#	Kong, Kai Ling 1919 E. 12th St., Des Moines, IA 50316		\$20.00	<input type="checkbox"/>
08/26/2009	ID# CK#	Rude, Amber 904 Walnut St., #806, Des Moines, IA 50309		\$50.00	<input type="checkbox"/>
09/02/2009	ID# CK#	Milcich, Timothy 6928 Eagle Ridge Blvd., Lakeland, FL 33813		\$100.00	<input type="checkbox"/>
09/02/2009	ID# CK#	Bourland, Dawn 4421 Amick Ave., Des Moines, IA 50310		\$100.00	<input type="checkbox"/>
10/07/2009	ID# CK#	Cross, Russ 534 42nd St., Des Moines, IA 50312		\$50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1170

TOTAL (if last page of this schedule)

\$

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Page 3 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Griess for Council

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/07/2009	ID# CK# 1022	Home Builders Association of Greater Des Moines PAC 6751 Corporate Dr., Johnston, IA 50131		\$ \$100.00	<input type="checkbox"/>
10/07/2009	ID# CK#	Stine, Lee 4115 Leonard Pl., Des Moines, IA 50310		\$100.00	<input type="checkbox"/>
10/19/2009	ID# CK#	Lynch, Stephanie 2616 N. Magnolia Ave., Chicago, IL 60614	Mother-in-Law	\$2,100.00	<input type="checkbox"/>
10/22/2009	ID# CK#	Scrutchfield, Gary 4224 65th St., Urbandale, IA 50131		\$50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 2,350.00

**TOTAL (if last page of this schedule)**

\$ 5,230.00

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Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

GRIESS FOR COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/22/2009	ID# CK#	US Bank 3738 Westown Pkwy West Des Moines, IA 50266	Check Printing	\$ \$5.00
07/27/2009	ID# CK# 1001	Christian Printers 1411 21st St. Des Moines, IA 50311	Literature Printing	\$789.70
08/05/2009	ID# CK# 1002	Beaverdale Neighborhood Assoc. 4221 Allison Ave. Des Moines, IA 50310	Beaverdale Fall Festival Parade Entry Fee	\$50.00
08/17/2009	ID# CK# 1003	Victory Enterprises 5200 SW 30th St. Davenport, IA 52802	House Party Automated Call	\$16.10
09/02/2009	ID# CK# 1004	Nu-Line Promotions 3100 Justin Dr., Ste. B Urbandale, IA 50322	T-Shirt Printing	\$251.75
10/06/2009	ID# CK# 1005	Halley Griess 1628 37th St Des Moines, IA 50310	Re-Imbursement for Parade Candy	\$90.32
10/16/2009	ID# CK# 1006	MacDonald Letter Services 1632 Ohio St. Des Moines, IA 50314	Yard Sign Printing	\$1,142.15
	ID# CK#			
SUB-TOTAL				\$ 2,345.02
TOTAL (If last page of this schedule)				\$ 2,345.02

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Griess for Council

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/20/2009	MacDonald Letter Services 1632 Ohio St. Des Moines, IA 50314	Printing/Postage	\$ 2,100.00 <i>ESTIMATED</i>
SUB-TOTAL			\$ 2,100.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2,100.00

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.



FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Griess for Council

<b>SCHEDULE</b> <b>E</b> (Rev. 06/97)	<b>IN-KIND</b> <b>CONTRIBUTIONS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
05/22/2009	Griess, Halley 1628 37th St. Des Moines, IA 50310	Candidate	Donated Voter Lists	\$ 18.00	<input type="checkbox"/>
05/25/2009	Meyer, Andrew 1326 33rd St. Des Moines, IA 50311		Website Domain Name Purchased & Hosted	20.00	<input type="checkbox"/>
07/12/2009	Griess, Halley 1628 37th St. Des Moines, IA 50310	Candidate	Donated Large Campaign Signs	200.00	<input type="checkbox"/>
08/01/2009	Griess, Timothy 1628 37th St. Des Moines, IA 50310	Father	Donated Stamps to Campaign	44.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 282.00

TOTAL (if last  
page of this  
schedule) \$ 282.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)